Blended Capitation Model - Clinic Baseline Assessment Intake Form

# Clinic Team:

## Key Contact(s):

Name: Role: Contact Information:

Name: Role: Contact Information:

Name: Role: Contact Information:

**Hours of Operation**

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

1. What led your team to reach out to learn about BCM?
2. What vision do you have for your clinic and BCM?
3. How long has the clinic been running?
4. Do you know how many clinics are in your area?
5. What EMR is the clinic using?

## Family Physician Team Members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name | FTE | Days in Clinic | Number of Patients on Panel | Work Outside Clinic / Special interest area(s) of practice |
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1. Are any physicians in the clinic FRCP certified specialist physicians?
2. Do you anticipate any future changes (physician will be leaving, retiring, reducing hours, new hires, etc.)
3. Do you have any plans now, or on an ARP, to provide new or different services? (e.g. a women’s health clinic, a weight loss clinic)
4. Do you anticipate any future changes (e.g., MDT member vacancies or new hires)?

## Clinical Multi – Disciplinary Team Members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No.  | Name | Clinical Designation / Role Description | FTE  | Days in Clinic | Funding Source (e.g. – PCN or paid by clinic) |
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## Administrative Team Members

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| --- | --- | --- | --- | --- | --- |
| No. | Name | Role | FTE  | Days in Clinic | Funding Source (e.g. – PCN / Clinic / Other) |
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1. Do you anticipate any future changes (admin staff vacancies or new hires?

# Financial Structure / Decision Making and Planning

1. What is the legal structure of your clinic? E.g., incorporated, association, not-for profit, partnership, etc.
2. Who are the clinic owners? Do you have Practice Agreements in place between clinic owners? associate physicians?
	1. Do you have employment agreements or contracts in place?
3. Is there an administrative leader and a physician leader responsible and accountable for decisions within the practice? Who are they? Who is responsible for which kinds of decisions? (e.g., financial/budget decisions, staffing/HR, physician liaison, PCN relations…)
4. Please describe the decision-making process within the clinic. e.g., consensus, majority, sole decision maker, etc.
5. How do you calculate overhead costs?
	1. Do you have a written budget?
	2. What is the variance month to month (lowest amount to highest amount of overhead)? What can these variances be attributed to (why would one month be lower or higher than average)?
	3. How is your overhead currently allocated to the physician members?

# IT Infrastructure and Support

1. Describe your telephone system (central or decentralized, call volumes, after-hours coverage, messages, etc.).
2. Has your team used virtual visits (video, phone)? Please describe.
3. Has your team signed up for CII/CPAR?

# Panel / Access / Continuity

1. What is your current access time for an appointment? Please provide TNA for the clinic and individual providers. Please attach TNA, D/S/A data if you have it.
2. Do you have a process for maintaining your panel? (i.e. CII/CPAR, panel clean-up)
3. What types of services are provided at the clinic? (I.e. walk-in, after-hours)
4. If you offer a walk-in service at your clinic, please describe.
	1. Are walk-in services available to patients who are not part of the providers’ panels?
	2. For paneled patients only? Or any member of the public?
5. Are you a member of a PCN? What PCN supports do you utilize?
6. Do you have a PCN practice facilitator?

# Quality Improvement Capacity

1. How often does the clinic team meet for any reason? (including improvement initiatives within the clinic)
2. What Quality Improvement initiatives has your clinic been involved in? (e.g. – ASaP, AIM, HSiA, Panel ID workshops etc.) How long ago was your involvement?
3. What metrics does your team routinely track (eg: TNA, no-shows, patient satisfaction etc)
4. Do you utilize your CPAR or HQCA reports?

# Patient Centered Medical Home

1. Please describe how your team works together to provide your patients with “team-based care”? Within your team, with partners outside your clinic?

# Additional Notes: